

KENTUCKY INDIVIDUAL INCOME TAX RETURN

Full-Year Residents Only

2005

For calendar year or
other taxable year beginning _____, 2005, and ending _____, 200__

A. Spouse's Social Security Number

400004253

B. Your Social Security Number

400004213

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

GRASS TEST U

GRASS MAY B

Mailing Address (Number and Street or PO Box)

74131 FESCUE DR

Apartment Number

City, Town or Post Office

FRANKFORT

State

KY

Zip Code

40601

TEST 2

FILING STATUS (see instructions) Field 0305

1. ☐ Single
2. ☒ Married, filing separately on this combined return. (If both had income.)
3. ☐ Married, filing joint return.
4. ☐ Married, filing separate returns. Enter spouse's social security number above and full name here.

POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input checked="" type="checkbox"/>	(4) <input checked="" type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input type="checkbox"/>

Field 0305

Field 0305

INCOME

5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4 (If total of Columns A and B is \$25,736 or less, you may qualify for the Family Size Tax Credit. See instructions.)

6 Additions from Schedule M, line 6.

7 Add lines 5 and 6.

8 Subtractions from Schedule M, line 16

9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**.10 **Itemizers:** Enter itemized deductions from Kentucky Schedule A.**Non-Itemizers:** Enter \$1,910 in Columns A and/or B.11 Subtract line 10 from line 9. This is your **Taxable Income**.

12 Enter Tax from from Tax Table, Computation or Schedule J.

Check if from Schedule J. ☐13 Enter tax from Form 4972-K ☐ Schedule RCR ☐

14 Add lines 12 and 13 and enter total here.

15 Enter amounts from page 2, Section A, lines 13A and 13B.

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.

17 Enter amounts from Page 2, Section B, lines 4A and 4B.

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.

19 Add tax amount(s) in Columns A and B, line 18 and enter here.

20 Check the box that represents your total family size (see instructions for lines 20 and 21) Field 0320

21 Multiply line 19 by the **Family Size Tax Credit** decimal amount ____ (100%) and enter here

22 Subtract line 21 from line 19.

23 Enter **Education Tuition Tax Credit** from Form 8863-K

24 Subtract line 23 from line 22

25 Enter **Child and Dependent Care Credit**

from federal Form 2441, line 9

470.00

X 20% (.20)

26 **Income Tax Liability.** Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.27 Enter **KENTUCKY USE TAX** from worksheet in the instructions.28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your **Total Tax Liability**.

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

17100.00

25350.00

0.00

0.00

17100.00

25350.00

0.00

0.00

17100.00

25350.00

1910.00

1910.00

15190.00

23440.00

695.00

1176.00

0.00

0.00

695.00

1176.00

0.00

0.00

695.00

1176.00

80.00

120.00

615.00

1056.00

1671.00

1 2 3 4 X

0.00

1671.00

688.00

983.00

94.00

889.00

0.00

889.00

Attach a complete copy of federal Form 1040 if you received

Farm, business, or rental income or loss. If not required, check here ☐

Do you wish to receive

a packet next year? (check one) 1 ☐ Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

12345

Your Signature (If joint or combined return, both must sign)

Spouse's Signature

Date Signed

314-555-1008

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

REFUND/TAX PAYMENT SUMMARY

29 Enter Total Tax Liability from Page 1, line 28.

889.00

30 (a) Enter Kentucky income tax withheld as shown on attached

2005 Form W-2(s), and other supporting statements.

30(a) 1715.00

(b) Enter 2005 Kentucky estimated tax payments.

30(b)

(c) Enter Kentucky corporation income tax credit (KRS 141.420(3) (c))

30(c)

31 Add lines 30(a) through 30(c).

1715.00

32 If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions).

826.00

See instructions for a detailed description of funds.

33 Nature and Wildlife Fund Contribution

\$2 \$5 \$10 Other 0.00

34 Child Victims' Trust Fund Contribution

\$2 \$4 Other 0.00

35 Veterans' Program Trust Fund Contribution 0.00

36 Breast Cancer Research and Education Trust Fund Contribution 0.00

37 Add lines 33 through 36 .00

38 Amount of line 32 to be CREDITED to your 2006 ESTIMATED TAX.

39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU 826.00

TAX PAYMENT SUMMARY

40 If line 29 is larger than line 31, enter ADDITIONAL TAX DUE 0.00

41 (a) Estimated tax penalty

(c) Late payment penalty

Check if Form 2210-K attached

(d) Late filing penalty

(b) Interest

(e) Add lines 41(a) through 41(d).

Enter here.

41(e)

42 Add lines 40 and 41(e) and enter here. This is the AMOUNT YOU OWE 0.00

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2006" on the check.

Staple check on top of attached wage and tax statements on page 1.

SECTION A: BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse	B. Yourself (or Joint)
1 Enter nonrefundable Kentucky corporation income tax credit (KRS 141.420(3))		
2 Enter skills training investment credit (attach copy(ies) of certification).		
3 Enter historic preservation restoration credit.		
4 Enter credit for tax paid to another state (attach copy of return(s) filed with other state).		
5 Enter unemployment credit (attach Schedule UTC).		
6 Enter recycling and/or composting equipment credit (attach Schedule RC).		
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification).		
8 Enter credit for purchases of Kentucky coal used for generating electricity.		
9 Enter qualified research facility credit (attach Schedule QR).		
10 Enter GED Incentive credit (attach Form DAEL-31).		
11 Enter environmental remediation credit (Brownfields).		
12 Enter biodiesel credit.		
13 Add lines 1 through 12, Columns A and B. Enter here and on page 1, line 15.		

SECTION B: PERSONAL TAX CREDITS

		Check Regular	Check both if 65 or over	Check both if blind	
1 (a) Credits for yourself:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Enter number of boxes checked on line 1 04
(b) Credits for spouse:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 DEPENDENTS					2. Enter number of dependents who: lived with you 06
First Name	Last Name	Dependent's social security number	relationship to you	* check if qualifying child for family size tax credit	did not live with you (see instr) 00
TIMOTHY	GRASS	400553013	SON	<input checked="" type="checkbox"/>	other dependents 00
MARY	GRASS	400554013	DAUGHTER	<input checked="" type="checkbox"/>	
DAVID	GRASS	400555013	SON	<input checked="" type="checkbox"/>	
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined... return (Filing Status 2), Each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B.					3. Total Credits 10
4 Multiply credits on lines 3A by \$20 and enter on line 4A. Multiply credits on lines 3B by \$20 and enter .. on line 4B. Enter here and on page 1, line 17, Columns A and B.					04 3A 06 3B X \$20 X \$20 80 4A 120 4B

SECTION C – FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number
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2005

Your Social Security Number

400004213

YES **NO**

X
X
X

STOP

1 (a) Student Name	(b) Student SSN	(c) Name and Address of Kentucky Institution	(d) Qualified expenses	(e) Tentative Hope Credit. (See instructions)
TEST U GRASS	400004213	KENTUCKY STATE UNIV FRANKFORT KY 40601	\$2,000.00	\$1,500.00
MAY B GRASS	400004253	KENTUCKY STATE UNIV FRANKFORT KY 40601	\$1,500.00	\$1,250.00
2.	Tentative Hope Credit. Add amounts on line 1, column (e)			\$2,750.00

3 (a) Student Name	(b) Student SSN	(c) Name and Address of Kentucky Institution	(d) Qualified expenses	(e) Tentative Lifetime Credit. (See instructions)
				\$
4. Add the amounts on line 3, column (e) and enter total here.				\$
5. Enter the smaller of line 4 or \$10,000				\$
6. Tentative Lifetime Learning Credit. Multiply line 5 by 20% (.20), enter here, and go to Part IV				\$

7. Tentative education credits. Add lines 2 and 6.	\$	2,750.00
8. Enter decimal amount from Federal Form 8863, line 12. Note: <i>If federal Form 8863, line 12, is blank, skip line 8 and enter amount from line 7 on line 9.</i>		
9. Multiply line 7 by decimal amount on line 8 and enter here.	\$	2,750.00
10. Multiply amount on line 9 by 25% (.25) and enter total here. This is your allowable Kentucky Education Tuition Tax Credit.	\$	687.50
11. Enter the amount from 2005 Form 740, page 1, line 22 (Form 740-NP, page 1, line 22).	\$	1671.00
12. Enter the smaller of line 10 or line 11 here and on Form 740, page 1, line 23 (Form 740-NP, page 1, line 23).	\$	687.50
13. If line 11 is less than line 10, subtract line 11 from line 10 and enter here. This is the amount of credit available for carry forward to your 2006 Kentucky return.	\$	

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending		20		OMB. No. 1545-0074		
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	L	Your first name and initial		Last name		Your social security number		
	A	TEST U		GRASS		400-00-1013		
	B	If a joint return, spouse's first name and initial		Last name		Spouse's social security number		
	E	MAY B		GRASS		400-00-2013		
H	Home address (number and street). If you have a P.O. box, see page 16.				Apt. no.		You must enter your SSN(s) above.	
	74131 FESCUE DR							
E	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.				SAINT THOMAS VI 00802		Checking a box below will not change your tax or refund.	
Presidential Election Campaign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)						<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status Check only one box.	1	Single						4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
	2	<input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.						
		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)						
Exemptions	6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a						Boxes checked on 6a and 6b 2	
	b <input checked="" type="checkbox"/> Spouse						No. of children on 6c who:	
	c Dependents:						6	
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 18)						6	
STATEMENT # 1						6		
d Total number of exemptions claimed						Add numbers on lines above 8		
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 19. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2						7 42,000
	8a	Taxable interest. Attach Schedule B if required						8a
	b	Tax-exempt interest. Do not include on line 8a						8b
	9a	Ordinary dividends. Attach Schedule B if required						9a
	b	Qualified dividends (see page 20)						9b
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)						10
	11	Alimony received						11
	12	Business income or (loss). Attach Schedule C or C-EZ						12
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here						13
	14	Other gains or (losses). Attach Form 4797						14
	15a	IRA distributions						15a
	b	Taxable amount (see page 22)						15b
	16a	Pensions and annuities						16a
	b	Taxable amount (see page 22)						16b
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17
	18	Farm income or (loss). Attach Schedule F						18
	19	Unemployment compensation						19 1,650
	20a	Social security benefits						20a
	b	Taxable amount (see page 24)						20b
	21	Other income.						21
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income						22 43,650
Adjusted Gross Income	23	Educator expenses (see page 26)						23
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ						24
	25	Health savings account deduction. Attach Form 8889						25
	26	Moving expenses. Attach Form 3903						26
	27	One-half of self-employment tax. Attach Schedule SE						27
	28	Self-employed SEP, SIMPLE, and qualified plans						28
	29	Self-employed health insurance deduction (see page XX)						29
	30	Penalty on early withdrawal of savings						30
	31a	Alimony paid b Recipient's SSN						31
	32	IRA deduction (see page XX)						32 1,200
	33	Student loan interest deduction (see page XX)						33
	34	Tuition and fees deduction (see page XX)						34
	35	Domestic production activities deduction. Attach Form 8803						35
	36	Add lines 23 through 31a and 32 through 35						36 1,200
	37	Subtract line 36 from line 22. This is your adjusted gross income						37 42,450